

**CHECKLIST TO REINSTATE
DENTAL LICENSE
2004-2005**

- ◆ Your license should not have been retired for more than 5 years.
- ◆ It should not have been more than 5 years since you practiced.
- ◆ Licenses which you have in other states should be in good standing whether active or inactive.
- ◆ You need to satisfy the requirements list below.
- ◆ Continuing Education hours taken to reinstate your Kentucky license cannot be used to renew your Kentucky license for the next renewal period.

Documentation needed

- _____ 1. Letter requesting reinstatement to include information as to why you retired your license, why you desire reinstatement, and what you have done professionally since you retired your license.
- _____ 2. Thirty hours of CE approved by the Kentucky Board. 20 hours must be scientific, presentation format. 10 hours can be of home study, magazine or journal articles, business, internet articles or videos. Hours from 2002-2003 can count towards this reinstatement.
- _____ 3. An approved HIV/AIDS course by the Cabinet for Health Services. This course must be no less than 2 hours and are not included in the 30 hours. Call Contact the Cabinet for Health Services at (502) 564-6539 or check their web-site at <http://publichealth.ky.gov>.
- _____ 3. A copy of current BLS or ACLS card. These hours are not included in the 30 hours.
- _____ 4. Reinstatement/Renewal application for the current year.
- _____ 5. Renewal fee for each year your license was in retirement, plus a reinstatement fee.
Your reinstatement cost is indicated below:
- | | |
|------------------------------|-----------------------------|
| Retired for 2004-2005 | \$230 + \$50 = \$280 |
| Retired for 2002-2003 | \$460 + \$50 = \$510 |
| Retired for 2000-2001 | \$690 + \$50 = \$740 |
- _____ 6. Verification that your license is in good standing in any state you hold or have ever held a dental license.
- _____ 7. Report from the National Practitioners Data Bank. Fill out the enclosed application, submit with reinstatement application with an additional \$25.00 processing fee.

Send application and make check payable to:

**Kentucky Board of Dentistry
10101 Linn Station Road, Suite 540
Louisville, Kentucky 40223
Phone: (502) 423-0573**

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